| IISSOL | JRI | | | HEALTH AND WELFARE A A |
|---------------------------|---------|--------------|--|--|
| AMI | NDED | 108 | | STATE FILE NUMBER STATE FILE NUMBER Registrar's No. 28 STATE FILE NUMBER |
| DATE AMENDED | ENDED . | | 1 1 3 1 5 TO | PLACE OF DEATH a. COUNTY Pulaski b. CITY (If outside corporate limits, give TOWNSHIP only) |
| ON THIS RECORD INSTEAD OF | | DOCUMENT | CATION | INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures of Facial Bones and INTERVAL BETWEEN ONSET AND DEATH CONSET AND DEATH but not related to the terminal there a pregnancy in last 90 days. |
| AMENDIMENTS | | | MEDICAL CERTIFICA | Calvarium, Extensive, Multiple 19. WAS AUTOPSY PERFORMED? YES 10 NO PERFORMED? YES 10 NO Automobile struck tree on curve on HW 66 1/2 mile 20c. TIME OF Hour INJURY 3236. 9:00 p.m. 2-17-62 East of Spur 66 near St. Roberts, Missouri 20d. INJURY OCCURRED WHILE AT WORK OX Highway St. Roberts Pulaski Missouri |
| SHOULD READ | | VIT OF ~ . | | 21. I attended the deceased from 17 February 1962 on the date stated above, and to the best of my knowledge, from the causes stated. 22a. Senseture (Degree or title) 22b. ADDRESS US Army Hospital 22c. DATE SIGNED (JOHN B. MC MASTER, Captain, MC Fort Leonard Wood, Missouri 2-19=62 |
| ITEM NO. | | BY AFFIDAVIT | | a. BURTAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify 2/19/1962 Unknown Ely, Netada FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 20 REGISTRAB/8/SIGNATURE) Carl J. Glenn Rolla, Mo. 2-/9-02 Unknown (Licensed Embelmer's Statement on Reverse Side) |

Sael & I 9AM

STATEMENT BY LICENSED EMBALMER

| by | | , Student Embalmer No | | |
|------------------------|---------------------|-----------------------|---------|----------------------------|
| | • | τ. | • | |
| rking under my persona | al supervision. | | _ | |
| ıdent | | ı | Signeda | e J- Blenn |
| | of Student Embalmer | · | signed | |
| • | | | | Licensed Embalmer No. 4707 |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.